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16367 U.S. PTO

**UNITED STATES PATENT APPLICATION TRANSMITTAL FORM**

Mail Stop Patent Application  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Docket No.: 884.0217USUCustomer No.: 27623

Dear Sir:

Transmitted herewith for filing is the patent application of

Inventor: Vito James Carlucci and Duane Charles Hein

For: HAIR DRYER WITH INFARED SOURCE

22387 U.S. PTO  
10/757374

011404

Enclosed are:

XXX Specification (17 pps.) consisting of: Description (12 pps); Claims (4 pps); Abstract (1 pp);

XXX 4 (four) sheets of drawings;

       Declaration and Power of Attorney;

       An assignment of the invention to: \_\_\_\_\_ including \$40.00 recordation fee and Assignment Recordation Form Cover Sheet;

       Information Disclosure Statement (with copies of patent);

       Form - PTO-1449;

       The undersigned attorney has verified that the applicant is entitled to a Small Entity Status; and

XXX Priority of U.S. Provisional Patent Application Serial No. 60/440,061, filed on January 16, 2003 is claimed under 35 U.S.C. §119(e).

       Priority of U.S. Patent Application Serial No. \_\_\_\_\_, filed on \_\_\_\_\_ is claimed under 35 U.S.C. §120.

       Priority of application Serial No. \_\_\_\_\_ filed on \_\_\_\_\_, in \_\_\_\_\_ is claimed under 35 U.S.C. §119;

       A Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i).

The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$770.00
Total Claims	20 - 20 =	0	x \$18.00	\$
Independent Claims	2- 3 =	0	x \$86.00	\$
Multiple Dependent Claim Fee		x \$290.00 = \$0.00		
<b>TOTAL FILING FEE</b>		<b>\$788.00</b>		

1/2 FILING FEE FOR SMALL ENTITY	<b>\$N/A</b>
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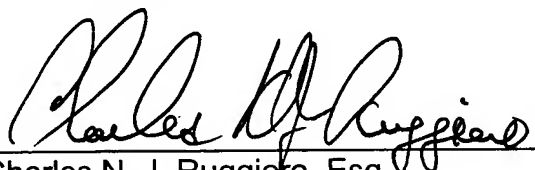
**XXX** No fee enclosed – filing by missing parts.

\_\_\_\_\_ A check in the amount of \$\_\_\_\_\_ is enclosed.

\_\_\_\_\_ The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 50-1239**. A duplicate copy of this Form is enclosed.

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**U.S.A.**

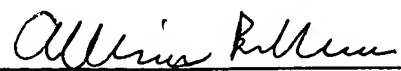
January 14, 2004  
Date of Signature

  
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Allison Berkman  
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